

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030301

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7201

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 400632

3

4 0

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12 83-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. DATE OF DEATH 1 9 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in 1b
62 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7057 Camden Ct.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
LEO P. MONAGHAN

4. DATE OF DEATH
Month Day Year
July 10 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/28/23

9. AGE (last birthday) 40
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineering Advisor

10b. KIND OF BUSINESS OR INDUSTRY
Mc Donald Air Corp

11. BIRTHPLACE (City and state or country)
Percival, Iowa

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Thomas J. Monaghan

13b. MOTHER'S MAIDEN NAME

Rose E. Mc Guigan

14. NAME OF HUSBAND OR WIFE

Jean Monaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)
Yes WW-2

16. SOCIAL SECURITY NO.

67

17. INFORMANT Address
Jean Monaghan (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LYMPHOMA WITH BONE MARROW FAILURE

INTERVAL BETWEEN ONSET AND DEATH
1957

UNKNOWN CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour e.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/9/63 to 7/10/63 and last saw him alive on 7/10/63
Death occurred at 2:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
M. D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
7/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-12-63

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser S. 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.
JUL 11 1963

26. REGISTRAR'S SIGNATURE
R. Smith M. D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ernest W. Killers

Licensed Embalmer No.

4080

P. O. Address

St. Louis mo

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.